

MOUNT LAUREL TOWNSHIP
COMMUNITY DEVELOPMENT
PLANNING DIVISION
100 MOUNT LAUREL ROAD
MOUNT LAUREL, NEW JERSEY 08054

MEMORANDUM

To: Applicant

Date: July 28, 2011

From: Gerry Bucci , Planning Board Secretary

Re: CONCEPT APPLICATION

Attached is an application for a Concept meeting with the Township's Professional Staff. Please complete and submit with an executed escrow agreement, affidavit (if applicable), appropriate fees (\$100 for filing and \$500 for escrow with separate checks made out to Mount Laurel Township), and eight (8) signed and sealed plans.

Enclose a cover letter to request a meeting date with a contact person to assist this office in setting up this professional meeting. I will contact that person with times available to schedule the meeting so we can find a mutually agreeable time for both parties. These meetings are held on the fourth Thursday of every month (holidays will be scheduled on the Wednesday before that holiday) starting at 9:30 a.m. in Conference Room A, at the Municipal Center.

Should you have any questions or need information regarding the application process and scheduling of your requested meeting, please do not hesitate to contact my office at 856/234-0001, extension 318.

FEE SCHEDULE
 Planning/Zoning Boards
 ORDINANCE 1999-2, As Amended ORDINANCES-2010-3, 2010-4, 2010-5 & 2010-6

	<u>SEPARATE CHECKS</u>	
	<u>FILING</u>	<u>ESCROW</u>
SITE PLANS (124-11)		
Informal Concept	100.00	500.00
Formal Concept	500.00	1000.00
Minor Site Plan (Board or Alteration Committee Approval)	250.00	750.00
Preliminary (Amended)	275.00	2000.00&50.00 per Residential unit 4000.00&100.00 per Non-Resid lot
Final (Amended)	275.00	2000.00&50.00 per Residential unit 3000.00&100.00 per Non-Resid. lot
Preliminary & Final (Amended of Combined)	375.00	3000.00&50.00 per Residential unit 4000.00&100.00 per Non-Resid. lot
Minor Site Plan Alteration	250.00	750.00
Site Plan Waiver	100.00	200.00 if required
Conditional Use	200.00	500.00&SD or SP Fee
Escrows (for inspections)	5% of Bond or 500.00 minimum (whichever greater)	
Extensions of Approval	150.00	250.00
SUBDIVISIONS (138-46)		
Informal Concepts	100.00	500.00
Sketch Plat/Minor SD/Lot Line Change	275.00	1000.00
Major Preliminary (Amended))	275.00	2000.00&50.00 per Residential unit 3000.00&100.00 per Non-Resid. lot
Major Final (Amended)	275.00	2000.00&50.00 per Residential unit 3000.00&100.00 per Non-Resid. lot
Extensions of Approval	150.00	250.00
Certificate of Subdivision (40:55D-56, 54:5-14, 54:5-15)	per Statute	
VARIANCES (154-103)		
A (Appeals)	250.00	250.00
B (Interpretation)	250.00	250.00
C (Bulk) (fence)	250.00	200.00 w/SD or SP 500.00 w/o SD or SP
C (sign)	250.00	500.00
D (Use)	250.00	1000 Residential 1500 Non-Residential
Other Fees		
Compliance Plans Submission		1000.00
Request for Special Meetings	100.00	250.00
Publication of Decision	40.00	
200' List for Notice	10.00	
Variance Application	5.00	
Checklist and Application for Board Hearing	7.00	
Copies (per state statute or applicable laws)	\$.75 ea. 1-10 pages, .50 ea. 11-20 pages, .25 ea. over 20	
Master Plan	40.00	
Disc copy of meeting	3.00	

These fees are cumulative for all applications.
Escrow monies are to be replenished with each revision of plans, upon receipt of compliance or final plans, the week of public hearings, or a meeting to memorialize a Resolution by the Boards. See Ordinances in application.

MOUNT LAUREL TOWNSHIP LAND DEVELOPMENT APPLICATION

Application must be typed

CHECK ALL THAT APPLY:

- Concept Plan (Optional)
- Minor Subdivision
- Minor Site Plan
- General Development Plan
- Major Subdivision/Preliminary
- Major Subdivision/Final
- Major Site Plan/Preliminary
- Major Site Plan/Final
- New Application
- Amendment
- Site Design Waiver (Exception)

- Conditional Use
- Preliminary PURD
- Final PURD
- Extension of Time
- Minor Site Plan Alteration
- _____

Variance Action Request (NJSA 40:55D-70):

- (a) Appeal of Admin. Officer Action
- (b) Interpretation
- (c) Bulk Variance
- (d) Use Variance

Application No. _____

Date Received: _____

1. Applicant's Name: _____
Address: _____

Tax ID #: _____

Telephone No.: _____

Fax No.: _____

Email: _____

Applicant is a: Corporation Partnership Individual Other (Specify): _____

If Applicant is required to list names & addresses of stockholders or partners by N.J.S.A. 40:55D-48.1 & 48.2, attach the list on a separate sheet.

2. Owner's Name: _____
Address: _____

Telephone No.: _____

Fax No.: _____

Email: _____

3. If Applicant is required to be represented by a New Jersey attorney, list N.J. attorney's name & address here:

N.J. Attorney's Name: _____

N.J. Attorney's Address: _____

Telephone No.: _____

Fax No.: _____

Email: _____

4. Location of Property: Tax Map Block _____ Lot Nos. _____ Total Tract Area _____

Street Address: _____

5. Number of Proposed Lots _____ Zone _____ Number of Dwelling Units _____

Brief description of project and present use: _____

6.(a) Check here if zoning variances are required.

(b) Check here if exceptions to the application or municipal requirements are requested (N.J.S.A. 40:55D-51).

(c) Check here if exceptions to the Residential Site Improvement Standards (RSIS, N.J.A.C. 5:21-3.1) are requested.

(d) Check here if waivers from the RSIS (N.J.A.C. 5:21-3.2) are requested. [Such waivers require application to, and approval of, the N.J. Site Improvement Advisory Board.]

NOTE: If any of the above four (6a, b, c, d) are required, attach hereto separate exhibit(s) for each category of relief sought, stating the factual basis, legal theory, and whether they have been previously granted.

7. Name(s) and address(es) of person(s) preparing plans and reports (Attach additional sheets if necessary):

Name:	Profession:	N.J. Licenses:
Address:	Phone:	Fax:
Email:		
Name:	Profession:	N.J. Licenses:
Address:	Phone:	Fax:
Email:		

8. (a) Are there any existing Deed Restrictions? (Check box that applies) NO YES (Attach copy of existing restrictions.

(b) Are any Deed Restrictions proposed? (Check box that applies) NO YES (Attach copy of proposed restrictions.)

9. Contemplated form of ownership (Check all that apply):

Fee Simple Condominium Cooperative Rental

10. Briefly describe and include dates for any prior or currently pending proceedings by the applicant, or others if known, before this Planning Board or Zoning Board or any other federal, state, or local board or agency involving the property which is the subject of this application. (Attach sheet if necessary)

11. List exact section of Township Code where variance(s) or waiver(s) is requested (Attach sheet if necessary)

The Variance Sought is From Section _____ of the Zoning Ordinance to Enable the Applicant to _____

Hardship or Special Reasons why the Variance Should be Granted (Attach sheet) _____

12. List any material accompanying this application. (Attach sheet if necessary)

13. Applicant certifies that the plans and the attached (checklist if applicable) are accurate to the best of his/their knowledge.

Applicant's Signature _____

Date _____

Applicant's Name (please print) _____

Consent of Owner

I, the undersigned, being the owner of the lot or tract described in this application, hereby consent to the making of this application and the approval of the plans submitted herewith with condition(s), if appropriate. I further consent to the inspection of this property in connection with this application as deemed necessary by the municipal agency (If owned by a corporation, attach copy of resolution authorizing application and officer signature.)

Date

Signature

Print Name

Sworn and Subscribed to before me this

____ Day of _____, _____ (year)

FEES:

Please provide separate checks made payable to Mount Laurel Township for the following amounts:

Filing Fee _____

Escrow _____

Variance _____

Publ. Of Decision _____

Packet Fee _____

Received this _____ day of _____, _____

Signature

Title

ESCROW AGREEMENT TO PAY FEES

THIS AGREEMENT, made and entered on this _____ day of _____, 20____, by and between the Township of Mount Laurel (hereinafter TOWNSHIP) and the Mount Laurel Township Zoning Board of Mount Laurel Township Zoning Board of Adjustment (hereinafter BOARD) and _____ (hereinafter APPLICANT), is made upon the following terms and conditions:

PROJECT NAME: _____

PROJECT LOCATION: _____

BLOCK(S): _____ LOT(S): _____

APPLICANT NAME: _____ APPLICATION # _____

APPLICANT FEDERAL I.D. NO. OR SSAN: _____

APPLICANT ADDRESS: _____

PHONE # _____

1. PURPOSE: The Board authorizes its professional staff to review, inspect, report, and study all plans, documents, statements, improvements, and provisions made by the Applicant in conforming to the requirements of the Code of the Township of Mount Laurel, New Jersey. The Board directs its professional staff to make all oral and/or written reports to the Board of its conclusions and findings derived from the review, study, investigation and like like or similar duties performed as elsewhere authorized. The Applicant, by execution of this agreement, agrees to pay all reasonable professional fees incurred by the Board for the performance of the duties outlined above.
2. ESCROW DEPOSIT: The Township and Board hereby acknowledge initial receipt of \$ _____, said sum being a cash deposit to be placed in a township trust account to cover the cost of the aforementioned review, study and investigation fees. Such sum shall be charged periodically as fees and charges accrue and the balance of the escrow sum, if any, after all charges and fees have been paid shall be returned to the Applicant.
3. INCREASE IN ESCROW FUND: The Applicant agrees to pay any additional sum required to pay charges and fees not covered by the escrow fund within fifteen (15) days after the date of receipt of a notice of deficiency by the appropriate township office. The Applicant understands and agrees to pay such sum notwithstanding any dispute to the reasonableness of fees and charges.

4. CONTEST OF REASONABLENESS: The Applicant agrees that the reasonableness and/or accuracy of any fee or charge may be challenged within seven (7) days of receipt of the professional's billing voucher and in accordance with the Code of the Township of Mount Laurel, New Jersey. Where the Applicant objects to the payment of any voucher from the escrow fund, he/she shall have the right to appeal, in accordance with the requirements of the Municipal Land Use Law, *N.J.S.A. 40:55D-1 et seq.*

5. NOTICE: The Applicant agrees that all notice or refunds shall be mailed to the following address:

Contact Name: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Fax #: _____ Email: _____

6. I agree to be responsible for all bills against this development's escrow account. In the event that this project is sold or my interest is transferred to another party, my obligation can only be relieved if all outstanding escrow bills are paid and the new principal obligates himself to the responsibility of all future bills in an agreement with the Township.

7. COLLECTION: Should the Applicant fail to pay any amount required to be paid hereunder when due, the Township shall be entitled to pursue all remedies at law or equity. Interest shall accrue at the rate of 18% per annum simple interest on all sums unpaid after the due date. The Township may collect a reasonable attorney's fee which shall not be less than \$300.00 should litigation for the purpose of collecting any sum be commenced.

Applicant

Date

cc: Finance Office, _____
date of transmittal

Professional Staff, _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									

Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

NAME

ADDRESS

(Signature)

NAME OF DEPONENT (type/print)

POSITION OR TITLE

Sworn to and Subscribed before :

me this day of

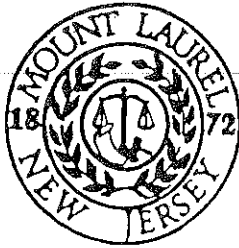
 ,(year)

:

:

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NOTE TO APPLICANT: In the event a corporation or partnership is listed in a paragraph 3 above, and authorized officer or partner of the listed entity shall also file an affidavit in the same form as this one listing names of owners of 10% or more in that entity.



MOUNT LAUREL TOWNSHIP
COMMUNITY DEVELOPMENT
PLANNING DIVISION
100 MOUNT LAUREL ROAD
MOUNT LAUREL, NEW JERSEY 08054

TO: PLANNING
FROM: TAX OFFICE
RE: CURRENT PROPERTY TAX STATUS
DATE:

ONLY ONE BLOCK AND LOT PER REQUEST. OWNERS NAME MUST BE AS IT APPEARS ON TAX BILL. VERIFICATION OF BLOCK, LOT AND OWNER INFORMATION IS AVAILABLE IN THE TAX BOOKS LOCATED IN THE TAX ASSESSORS OFFICE, ROOM 213.

In reference to Block _____, Lot _____, Qualifier _____

Located on: _____, assessed to (owner) _____

According to the computer, the taxes are current as of this date and there are no municipal liens.